

COLORADO METHAMPHETAMINE TASK FORCE

Meeting May 3, 2013

10:00 am – 1:00 pm

**Ralph L. Carr Colorado Judicial Center
1300 Broadway, Denver**

FINAL

FINAL

Chair – Attorney General John Suthers

Vice –Chairs:

- *Treatment* – Marc Condojani, Associate Director, Community Intervention Programs, Division of Behavioral Health, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police, Department, North Metro Drug Task Force

Attendees: John Suthers; José Esquibel; Marc Condojani; Lori Moriarty; Elizabeth Hickman; Jade Woodward; Mike Root; Val Kalnins; Jeanne Smith; Chele Clark; Ken Summers; Stan Hilkey; Cliff Riedel; Dan Kaup; Dan Rubinstein was on the phone

Guests: Colleen Brisnehan; Holger Peters; Jessica Johnson; T.J. Glick, Jerry Peters; Jim Gerhardt; Aaron Miller; Lt. Ernie Martinez; Robert Valuck; Helen Kaupang; Kent McLennan; Ryan McCarley; Paul Scudo; Michelle Dossey

Introductions:

Attorney General Suthers called the meeting to order at 10:00a.m.

Review and Approval of Minutes: Minutes from February 1, 2013, were approved by motion.

Announcements from Task Force Members:

John Suthers – SB13-244 –This bill is about updating the charge of the State Meth Task Force and is on its way to the Governor for his signature. Effective July 1, 2013 the new name of the Task Force will be the *Substance Abuse Trend and Response Task Force*. The new title reflects our efforts in identifying trends of substance abuse in Colorado and forming a response. The Task Force has been looking at issues beyond meth, such as prescription drug abuse and underage marijuana use. This bill also extends the number of Task Force members. We will need to appoint additional members to meet the requirements as well as fill vacancies. Ken Summers will be rejoining our Task Force.

Jim Gerhardt – SB13-278 is a one of the main bills that the Colorado Drug Investigators Association is following closely. The bill focuses on creating a definition in Colorado statute of a “drug-endangered child” with respect to child abuse or neglect. Some new language was added to the bill to assigning the task of developing the definition to the State Meth Task Force with a requirement to forward the definition to the legislature and include the definition in the January 2014 Task Force report. If the bill does go through, an ad-hoc committee of the State Meth Task Force will be formed to work on drafting a definition ASAP. Colorado DEC was very instrumental in getting this bill moving.

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Colleen Brisnehan – HB13-219 on craining certification for meth lab clean-up contractors is going smoothly through the process and we are hoping for it to pass

Val Kalnins –SB13-14 concerning Immunity For Administering Emergency Drugs To Overdose Victims is going through without any issues.

Kent McLennan– The Colorado Meth Project has transferred its assets to The Partnership, once known as The Partnership for Drug-Free America. This is great news for The Colorado Meth project since it will allow for the expansion beyond meth issues and additional resources and expertise. A proposal will be presented to the board of the Colorado Meth Project to formalize the proposed expanded focus, which could include prevention and awareness messaging to youth and parents regarding prescription drug abuse and underage marijuana use.

Dan Kaup- The annual Colorado Collaborative Justice Conference will be May 21-23, 2013.

Prescription Drug Misuse Round Table Recommendations:

Kelly Perez, Policy Advisor, Office of the Governor

Representatives from Colorado went to Alabama for the recent convening of the Prescription Drug Abuse Project of the National Governor's Association (NGA) and are currently working on refining and shaping the strategic plans for Colorado and Alabama. Kelly Perez has been working on this through the governor's office. Colorado's effort has identified these five areas as strategic objectives:

1. Prescription Drug Monitoring Program (PDMP) improvements and improving utilization among prescribers.
2. Safe disposal of prescription drugs.
3. Data and analysis of prescription drug use and abuse in order to follow trends drawn from a variety of data sources.
4. Public awareness, especially use of existing public awareness campaigns
5. Provider and prescriber education.

Some questions to consider include, how do you move forward collaboratively with this work? How do you coordinate all the groups that are addressing one or more aspects of prescription drug abuse issues? There is an idea to establish a consortium as part of the Skaggs School of Pharmacy and Pharmaceutical Sciences, University of Colorado, to take a leadership role improving the infrastructure for implementation of Colorado's strategic plan. This would involve work groups to keep the work moving forward.

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Comments:

- We need to add another group of partners to the workgroups: Treatment providers, so that the substance abuse treatment field is represented and contributing..
- We need to look at how to split up the work together.
- Has data from the treatment centers been tapped? Answer: Not yet, we are talking about it and how to do this is hard. I can find data but it is not in a centralized location. We need to find out what is available concerning the data, and create a place where people can find a place of what data is there and where else can we go to. What can be accomplished in one year?
- Regarding the PDMP, what was the reaction from Regulatory Affairs? Answer: There is coordination on the development of the strategies.
- Word needs to get out to health care communities and reach primary care providers.

Prescription Drug Abuse Task Force

Dr. Robert Valuk

University of Colorado Skaggs School of Pharmacy

Colorado data shows that the prescription drug abuse is on the rise. The Colorado Prescription Drug Abuse Task Force has been working on several projects and is now working with the Governor's Office initiative with the NGA's Prescription Drug abuse project and is looking into what this needed from the Task Force. The Rx Drug Abuse Task Force has members with specific prescription drug abuse expertise and knowledge. There are some resources to work on project, but more resources are needed. The focus of the Task Force is only prescription drugs and the Task Force can serve as a linkage for each of the other groups that are addressing various parts of the issue of prescription drug abuse in Colorado.

The expertise of the Rx Drug Abuse Task Force would be of benefit to the State Meth Task Force. The Rx Drug Abuse Task Force has been studying the trends in prescription drug abuse for some time. Of particular concern is the increase in prescription drug overdose. We need to figure out the responses to address the growing concerns and need to partner with others with regard to the response end of things and this group needs to send out the same message to go statewide.

One proposal for consideration, especially as the Colorado strategic plan regarding prescription drug abuse is being finalized, is a partnership between the State Meth Task Force and the Prescription Drug Abuse Task Force. This would be beneficial with regard to developing and implementing responses that involve multiple disciplines and the identification of policy issues.

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An example of another type of partnership is the work with the North Metro Drug Task Force and the Adams County Youth Initiative, which has been a huge success. The 2013 challenge was for each teen team to do a video presentation focusing on the down side to prescription drug abuse. The Contest was based on the youth creating a youth lead message: *Drugs and Life Don't Mix*. Eight schools participated in the contest. The students came up with branding ideas that made sense to the students and the students created the posters and other marketing tools. The teams created a positive change campaign instead of a scare tactic.

National Pharmaceutical Drug Take Back

Helen Kaupang Diversion Group Supervisor

U.S. Drug Enforcement Admin, Denver Field Office

The take back events organized and sponsored by the US. Drug Enforcement Administration continues to be a huge success!!

Colorado results: 21,000+ lbs collected in April 2013.

To date over 86,000 tons have been collected with 106 law enforcement agencies participating across the state and 140 sites hosted this year in Colorado.

Disposal is still an issue. The collection issue is not the same issue as the disposal issue. We send the collected drugs to Utah to their incinerator, one of twelve in use in the country. This incinerator does have to be closed down and they are closed down for the next 45 days. We are trying to find another way to destroy the prescribed and over the counter medications and controlled substances closer to home.

The issue of destroying needs to be address. There is a dedication disposal stakeholder group that is being convened by staff of the Colorado Department of Public Health and Environment. The group is looking at the procedures and policy issues for proper disposal and destruction.

Substance Exposed Newborns Subcommittee

Kathryn Wells, MD, Denver Health

Jade Woodard, Executive Director, Colorado DEC

Ft. Morgan is now a part of the regional trainings regarding the new law that allows woman to share information with a physician about drug use while pregnant and not have that information reported to social services and law enforcement. The trainings are two hours in length and there are requests to conduct additional trainings in Loveland and Greeley We want to offer training to all regions but there is not sufficient funding to meet the demand. One of our questions is: How do we continue to support communities as we train them?

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We will be summarizing the action plans from each of the regional meeting and will create a crosswalk to be compared with the SEN White Paper. We have found that people want more information on the effects drugs have on the fetus. We get a lot of requests for the materials.

We are looking into creating a Webinar as well as a place on the DEC Website to place all the documents.

Comment: Rocky Mountain Poison Control already has the network built, why don't we just look at it and see what is out there? We may be able to use it. This consortium might be part of the solution.

Colorado Marijuana Data Clearinghouse

T.J. Glick, DEA, Intelligence Analyst

Rocky Mountain High Intensity Drug Trafficking Area

The purpose of the new Colorado Marijuana Data Clearinghouse is make available online useful and accurate information about the impact of marijuana use in Colorado, such as

- Distribution of sales out of state. The issues of diversion of marijuana is a concern
- Impact on emergency room. Are little kids eating the brownies and how did they get their hands of the drugs.
- Tourism is another area that we need to follow.
- Crime related to marijuana.
- The cost to the state.
- Is \$40 million dollars really going to go our schools?

It is anticipated that the clearinghouse will be ready and online by the end of August. It is anticipated to become a nexus for informational and educational purposes.

There is a request to make a connection with various members of the State Meth Task Force with regard to useful data to be posted on the Website of the clearinghouse:

- For treatment date regard youth and marijuana, the Office of Behavioal Health is the main contact
- School data will be part of this, especially drug offense, if marijuana possession is tracked by schools
- Geo-mapping of sites that sell marijuana; this will help a great deal.
- Criminal case indicators can be presented.
- For Public Safety Data, the clearinghouse is timely. Jeannie Smith will coordinate with T.J. on the connection of public safety data and the clearinghouse.

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- Child welfare and trails would be great if we can do better data collect data on this. TRAILS needs to be part of this.

Are there other key pieces of data that need to be put on his radar screen?

Drug Endangered Children's Tracking System

Jade Woodward, Executive Director

Drug Endangered Children Tracking System (DECSYS) Tracking System offers local law enforcement and child welfare agencies an automated process for quickly identifying children at risk that is predictable, reliable, and measurable.

- A web based system that requires only internet access and an authorized username/password.
- Easy to use – this system is simple for both law enforcement officers and child welfare caseworkers to learn and utilize.
- Learn in less than 5 minutes – with less than a day of training, which CODEC brings to your agency, individual cases can be entered into the system, helping you to save children.

The numbers are telling us the following:

- In a two- year six county pilot, thousands of cases have been entered into the system.
- By early 2012, 60% percent of children found were not present at the scene at the time of the arrest, meaning DECSYS is responsible for a 150% increase in the number of drug endangered children identified and brought of the attention of child welfare.
- With a easily accessible an automated system, collaborations between law enforcement and child welfare agencies not only build a stronger cases, but potentially helps hundreds of children who would have gone unnoticed.

This system is so very important to us. Colorado DEC has a dedicated employee that works just on this system. Our goal was to have someone on call 24/7 between child welfare and the Colorado DEC office. This is one of the reasons we have created a great relations to protect our children. The system has been set up to set off alarms to the people who need to pay attention. We can look at a number of other databases to check for the kids.

This data is helping to make sure drug-endangered children are identified and linked to appropriate services. Our goal is to keep the kids safe. Other states that are now implementing DECSYS include Tennessee, Wisconsin, and Texas, and West Virginia.

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Colorado DEC is looking for funding and partnerships to help sustain and expand DECSYS.

Comments and questions:

- How are you funding this? Answer: With the grant we were able to expand the system
- Is this active in all counties? Answer: No, although we want it to be. Currently, there are 15 counties involved. We have more work to do to get more county involvement. If you have a contact within specific counties, contact Jade. We want to let the counties know that this system is available.
- One county is struggling with this, just because there is an arrest, why should the law enforcement be involved. Answer: Each county does its own assessment. From the perspective of Colorado DEC, we are not saying that an assessment needs to be done. Training and partnership between the child welfare and law enforcement has helped with this. There needs to be more education and training.
- I think that we need a system to track data to help back this up. Perhaps counties are afraid that they will lose control on their data. The other gap is making law enforcement understand that we need more information and all the pieces that involved children. Once we have built the relationship, both of us know what we are looking for and how to respond.

Each state that we have gone into with DECSYSY is looking at things differently. This system is not thought of as “watching,” it is more of “monitoring”. We are not telling child welfare anything that they can’t find out on their own. We are making their job easier.

The University of Chicago is working with our data to start looking at the next steps.

- Has a presentation been done to the Human Services Directors? Meet with the county directors. With our connection with this group we are hoping for other connections to help protect our children.

Next Meeting:

Friday, August 2, 2013, 10:00am-1:00pm

Colorado Municipal League